## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| as indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate FEE ADDRESS for maintenance fee notifications.   |                             |                    |   |                |  |                   |  |
|---|-----------------------------|--------------------|---|----------------|--|-------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  74321 7590 09/11/2009  LAHIVE & COCKFIELD, LLP/THE MATHWORKS FLOOR 30, SUTTE 3000 One Post Office Square Boston, Massachusetts 02109-2127   |                             |                    |   |                | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FIEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)  (Signature) |                   |  |
| APPLICATION NO. FILING DATE FIRST NAMED I   |                             |                    |   | ED INVENT      | OR   | ATTORNEY DOCKET N | O. CONFIRMATION NO.  |
| 10/692,524  | 10/24/2003                  | Steve J            |   | OHNSON         |  | MWS-039RCE        | 9823   |
| TITLE OF INVENTION: SYSTEM AND METHOD FOR PROVIDING CONTEXT TO OPERATOR OVERLOADING   |                             |                    |   |                |  |                   |  |
| APPLN. TYPE   | SMALL ENTITY                | ISSUE FEE          |   | PUBLICA        | ATION FEE  | TOTAL FEE(S) DUE  | DATE DUE   |
| Non-Provisional   | no                          | \$1,510.00         |   | \$0            |  | \$1,516.00        | 12/11/2009   |
| EXAMINER  |                             | ART UNIT           |   | CLASS-SUBCLASS |  |                   |  |
| I. Kang  1. Change of correspondence address or indication of "Fe-  |                             |                    | 93 717-143000  2. For printing on the patent front page, list |                |  |                   |  |
| Address" (37 CFR 1.363).  Change of correspondence address (or Change of Change of Correspondence Address form PTO/SB/122) attached.  The Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The MathWorks, Inc.  Natick, Massachusetts  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual X Corporation or other private group entity Government |                             |                    |   |                |  |                   |  |
| 4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  |                             |                    |   |                |  |                   |  |
| X Issue Fee A check in the a  |                             |                    |   |                | nount of the fee(s) is enclosed.   |                   |  |
| Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.   |                             |                    |   |                |  |                   |  |
| X Advance Order -# of Copies 2 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0080  |                             |                    |   |                |  |                   |  |
| 5. Change in Entity Sta   | itus (from status indicate  | ed above)          |   |                |  |                   |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  |                             |                    |   |                |  |                   |  |
|   | Publication Fee (if require | d) will not be acc | epted from a  |                |  |                   | pplication identified above.<br>ent; or the assignee or other party in |
| Authorized Signature /Kevin J. Canning/   |                             |                    |   |                |  | Date              | November 5, 2009   |
| Typed or printed par  | ne                          | Keyin I Canning    |   |                |  | Registration No   | 35 470   |